

ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ◆ Birmingham, AL 35202 ◆ 205-317-0356 E-Mail: ID.admin@idboard.alabama.gov www.idboard.alabama.gov

APPLICATION FOR REACTIVATION OF INTERIOR DESIGNER REGISTRATION FROM INACTIVE STATUS

INSTRUCTIONS:

- A non-refundable fee of \$125.00, made payable to Alabama Board of Registration for Interior Design, shall accompany this application.
- Application shall be signed and dated and completed in its entirety.
- Please type or print clearly in black ink.

SECTION I: PERSONAL INFORMATION							
First Name:			Middle/Maiden Name:		Last Name:		
Registration Number: Last Four Digits of Social Security Number:		Preferred Mailing Address: ☐ Residence ☐ Bus] Bus	iness	
ICE	Address:						
RESIDENCE	City:			State: Zip Cod			e:
RES	Phone Number:			E-Mail Address:			
BUSINESS	Business Name:			Position or Title:			
	Mailing Address:						
3USII	City:		State:		Zip Code:		
	Phone Number:		Fax Number:				
SECTION II: OTHER							
Have you ever had a license revoked, suspended or otherwise sanctioned by any Board or agency in Alabama or any other state? If "Yes", attach copy of the order.							☐ Yes ☐ No
Were you ever denied issuance of, or pursuant to disciplinary proceeding, refused renewal of any license by any Board or agency in Alabama or any other state?							☐ Yes ☐ No
Have you ever been convicted of a felony? If "Yes", attach copy of conviction and documentation of disposition							☐ Yes ☐ No
Have you ever violated the state controlled substances act? If "Yes", attach copy of conviction and documentation of disposition.							
SECTION IV: Please read completely and sign below.							
I acknowledge and affirm that I have not practiced nor offered to practice interior design without possessing a valid Interior Designer registration. I have not used any of the following terms and titles "interior design", "interior designer", "interior design services," and "interior design consultant", and I have not advertised interior design services in violation of Code of Alabama §34-15B-1 et. Seq. I hereby apply for reinstatement in the State of Alabama as an Interior Designer. I acknowledge and affirm that the accuracy of information given in this application is accurate and true and authorize the Board to investigate any and all statements made herein.							
Signature: Date:							

MAIL TO:

For Board Use Only Date Received: